

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

COMMONWEALTH OF VIRGINIA

VERSUS

(Defendant Name)

CASE NUMBER: _____

PRO-SE NOTICE/MOTION FORM

Please take notice that on **FRIDAY** the ____ day of _____, _____, at 9:00 a.m., the above named defendant requests a hearing for:

___ Motion for Court Appointed Attorney ___ Motion for Restricted License*

___ Other: _____

(Defendant's Signature)

Please **print** the following information for use by the Court:

Current mailing address: _____

Daytime Telephone Number: _____

I hereby certify that a true copy of the foregoing was ___ Hand delivered ___ Mailed this
____ day of _____, _____ to:

___ Office of the Commonwealth
Room 123
4110 Chain Bridge Road
Fairfax, Virginia 22030

___ City of Fairfax Attorney
4201 Annandale Road
Annandale, Virginia 22003

___ Herndon Town Attorney
2200 Wilson Boulevard
Arlington, Virginia 22201

___ Town of Vienna Attorney
c/o Clerk, Town of Vienna
127 Center Street, South
Vienna, Virginia 22180

(Defendant's Signature)

*A Restricted License Information Sheet must be attached to your motion